## Principles for Appropriate Utilization of Unlicensed Assistive Personnel in Acute Care Hospitals

The following principles for the utilization of unlicensed assistive personnel (UAP) in acute care hospitals were compiled by members of the Work Group established by the Department of Public Health in 1997 to study this matter.

## Principles for Appropriate Utilization of Unlicensed Assistive Personnel in Acute Care Hospitals

- Unlicensed assistive personnel (UAP) have a role in the delivery of patient care within acute care hospitals.
- Hospitals shall have clearly defined role expectations and competencies for each staff category, and systems for communicating these to all staff.
- The education and training of all supervising personnel who assign and delegate tasks to UAP are key components to successful utilization of UAP.
- UAP who provide direct patient care for which a licensed nurse is not directly accountable shall do so under the direction and supervision of appropriately qualified personnel.
- Policy development for safe, appropriate utilization of UAP shall be interdisciplinary and collaborative; licensed nurses shall be involved in the policy development.
- Hospitals shall consider models of patient care delivery in which UAP performing specific nursing tasks report directly to a licensed nurse. UAP shall not have an independent assignment to provide nursing services.
- Hospitals shall consider patient outcomes measurements a critical component when evaluating changes in nursing department staffing mix.
- When a licensed nurse directs and supervises UAP who perform selected nursing tasks
  - a. Delegation by licensed nurses shall comply with Nursing Board regulations for delegation, at 244 CMR 3.05.
  - b. Hospitals shall have clearly defined lines of authority and accountability for nursing care delivery.
  - c. Documentation of UAP competency shall be made available to individual nurses who delegate activities to UAP.
  - d. The responsibility for ensuring the appropriate education of nurse delegators and UAP delegatees shall be shared by hospital administration, nursing service administrators and licensed nurses.

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